

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 11/23/10

**Address:** Traffic Stop

**Case #:** 16120118

200 block 7<sup>th</sup> Street

**County:** Cass

Logansport, IN 46947

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): vehicle  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: vehicle  
☒ Water Reactive Metal (Lithium): vehicle  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: vehicle  
☒ Corrosive Base: vehicle  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: Logansport F.D.

Fax: 574-722-3842

Health Department: Cass County

Fax: 574-753-7039

Child Protection Service: N/A

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: R.A. Burgess

Phone 765-473-6666

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.